

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN10ADA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/29/2009
NAME OF PROVIDER OR SUPPLIER BRISTLECONE FAMILY RESOURCES, SAGEWIND SI1		STREET ADDRESS, CITY, STATE, ZIP CODE 1725 S MCCARRAN BLVD RENO, NV 89502		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comment Surveyor: 21044 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. This Statement of Deficiencies was generated as a result of the State Licensure survey conducted at your facility on 10/29/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for thirty-eight residential program beds for the treatment of abuse of alcohol and drugs. The census at the time of the survey was thirty-four. Fifteen resident files and twenty employee files were reviewed. One discharged resident file was reviewed.	D 000		
D 051 SS=C	NAC 449.108(2) Program Required. 2. At the time of admission into a residential program, there must be documentation indicating that the client has been informed of: (a) The general nature and goal of the program; (b) The rules governing client conduct and the infractions that can lead to disciplinary action or discharge from the program; (c) The treatment costs, if any, to be borne by the client; (d) The client's rights and responsibilities; and (e) Confidentiality laws, rules and regulations. This Regulation is not met as evidenced by:	D 051		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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D 051	Continued From page 1 Surveyor: 21044 Based on record review on 10/29/09, the facility failed to obtain a rate agreement from 11 of 15 residents (Resident #1, #3 (not signed), #4, #5, #6, #8, #10, #11, #12, #13 (incomplete) and #14). Severity: 1 Scope: 3	D 051		
D 090 SS=B	NAC 449.114(9)(b) Employees 9. A personnel record must be maintained for each employee. The record must contain: (b) Letters of recommendation This Regulation is not met as evidenced by: Surveyor: 21044 Based on record review on 10/29/09, the facility did not obtain letters of recommendation for 6 of 20 employees (Employee #6, #7, #8, #10, #18 and #20). This was a repeat deficiency from the 4/3/08 State Licensure survey. Severity: 1 Scope: 2	D 090		
D 091 SS=B	NAC 449.114(9)(c) Employees 9. A personnel record must be maintained for each employee. The record must contain: (c) Reference investigation records This Regulation is not met as evidenced by: Surveyor: 21044 Based on record review on 10/29/09, the facility failed to conduct reference investigations on 6 of 20 employees (Employee #1, #2, #6, #11, #13 and #18).	D 091		

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D 091	Continued From page 2 This was a repeat deficiency from the 4/3/08 State Licensure survey. Severity: 1 Scope: 2	D 091			
D 094 SS=C	NAC 449.114(9)(f) Employees 9. A personnel record must be maintained for each employee. The record must contain: (f) Job performance evaluations; This Regulation is not met as evidenced by: Surveyor: 21044 Based on record review on 10/29/09, the facility did not perform a job performance evaluation on 11 of 16 employees employed longer than a year (Employee #1-#5, #7, #9-#12 and #19). Severity: 1 Scope: 3	D 094			
D 100 SS=E	NAC 449.117 Physical Examinations All persons employed in a facility must have documentation showing that they are in compliance with any applicable provisions of chapter 441A of NAC concerning tuberculosis. This Regulation is not met as evidenced by: Surveyor: 21044 NAC 441A.375 Medical facilities, facilities for the dependent and homes for individual residential care: Management of cases and suspected cases; surveillance and testing of employees; counseling and preventive treatment. (NRS 441A.120) 1. A case having tuberculosis or suspected case considered to have tuberculosis in a medical	D 100			

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D 100	Continued From page 3 facility or a facility for the dependent must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 2. A medical facility, a facility for the dependent or a home for individual residential care shall maintain surveillance of employees of the facility or home for tuberculosis and tuberculosis infection. The surveillance of employees must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a: (a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and (b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination. If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician	D 100			

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D 100	<p>Continued From page 4</p> <p>determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis.</p> <p>5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis.</p> <p>6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.</p> <p>7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis. (Added to NAC by Bd. of Health, eff. 1-24-92; A by R084-06, 7-14-2006)</p> <p>Based on record review on 10/29/09, the facility did not ensure that 8 of 20 employees met the requirements of NAC 441A.375 concerning</p>	D 100			

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D 100	Continued From page 5 tuberculosis (Employee #1, #2, #6, #8, #13 and #20 - missing pre-employment physicals, Employee #6, #8, #9 and #13 - missing a two-step tuberculosis skin test and Employee #19 - missing an annual one-step tuberculosis skin test). This was a repeat deficiency from the 4/3/08 State Licensure survey. Severity: 2 Scope: 2	D 100			
D 108 SS=C	NAC 449.123(4)(a) Sanitary Requirements 4. Premises and equipment must be maintained in a sanitary condition: (a) The facility must have the necessary cleaning and maintenance equipment with sufficient storage areas and appropriate procedures to maintain a clean and orderly establishment. This Regulation is not met as evidenced by: Surveyor: 21044 Based on observation on 10/29/09, the premises was not clean (ceiling vent covers were coated with dirt and debris near the detox med room, in the group room bathroom, and along the women's hallway). This was a repeat deficiency from the 4/3/08 State Licensure survey. Severity: 1 Scope: 3	D 108			
D 122 SS=C	NAC 449.126(2) Laundry 2. The laundry must be situated in an area which is separate from any area where food is stored, prepared or served. The laundry must be	D 122			

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D 122	Continued From page 6 well-lighted, ventilated, adequate in size to house the equipment and maintained in a sanitary manner. The equipment must be kept in good repair. This Regulation is not met as evidenced by: Surveyor: 21044 Based on observation on 10/29/09, the facility failed to maintain laundry equipment (large amount of lint build-up behind and to the right of one dryer). This was a repeat deficiency from the 4/3/08 State Licensure survey. Severity: 1 Scope: 3	D 122		
D 130 SS=C	NAC 449.129(1) Construction Standards 1. A facility must be designed, constructed, equipped and maintained in a manner that protects the health and safety of the clients and personnel of the facility and members of the general public. This Regulation is not met as evidenced by: Surveyor: 21044 Based on observation on 10/29/09, the facility was not well maintained (missing toilet tank cover near the detox med room, molding duct taped to the women's shower stall and painter's tape left around a smoke detector and a fire sprinkler head in the women's shower room). This was a repeat deficiency from the 4/3/08 State Licensure survey.	D 130		

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D 130	Continued From page 7 Severity: 1 Scope: 3	D 130			
D 132 SS=D	<p>NAC 449.129(3) Construction Standards</p> <p>3. Facilities housing 17 or more clients must meet the requirements of the chapter entitled " New Hotels and Dormitories, " of the edition of NFPA 101: Life Safety Code, adopted by reference pursuant to NAC 449.0105. Those facilities housing not more than 16 clients must meet the requirements of the chapter entitled " Lodging or Rooming Houses, " of the edition of NFPA 101: Life Safety Code, adopted by reference pursuant to NAC 449.0105.</p> <p>This Regulation is not met as evidenced by: Surveyor: 21044 Chapter 28 New Hotels and Dormitories.</p> <p>28.2.10 Making of Means of Egress. Means of egress shall have signs in accordance with Section 7.10.</p> <p>7.10 Marking of Means of Egress</p> <p>7.10.1 General.</p> <p>7.10.5.2 Continuous Illumination</p> <p>7.10.5.2.1 Every sign required to be illuminated by 7.10.6.3, 7.10.7 and 7.10.8.1 shall be continuously illuminated as required under the provisions of Section 7.8, unless otherwise provided in 7.10.5.2.2.</p>	D 132			

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D 132	Continued From page 8 Based on observation on 10/29/09, the facility failed to comply with National Fire Protection Association (NFPA) 101 Life Safety code (LSC) 2006 edition. Findings include: In the large group room, one exit light was partially lit. An emergency/exit light located in the middle of the women's hallway was not lit and did not illuminate when tested. The exit light at the end of the same hallway was not illuminated. The exit light located in the chapel was not illuminated. Severity: 2 Scope: 1	D 132			
D 202 SS=D	NAC 449.141(3)(a) Health Services 3. . Before a client ' s admission to a program or facility, a general medical and drug history must be taken by a designated member of the staff who is certified or licensed by the Board of Examiners for Alcohol and Drug Abuse Counselors or who is a licensed mental health professional who has experience with alcohol and drug abuse counseling. Current medical information must be provided on a form that has been approved by a physician. The history must include, but is not limited to: (a) Drugs used in the past; This Regulation is not met as evidenced by: Surveyor: 21044 Based on record review on 10/29/09, the facility failed to ensure a general medical and drug history was obtained for 2 of 15 residents (Resident #2 and #5 - also missing diagnosis).	D 202			

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D 202	Continued From page 9 Severity: 2 Scope: 1	D 202		
D 215 SS=F	NAC 449.141(7) Health Services 7. There must be one staff person in the facility who is capable of providing cardiopulmonary resuscitation at all times. Staff members providing cardiopulmonary resuscitation must be qualified by the American Red Cross or another recognized agency. This Regulation is not met as evidenced by: Surveyor: 21044 Based on record review on 10/29/09, the facility did not ensure that 11 of 20 employees had evidence of cardiopulmonary resuscitation training (Employee #1, #2, #3, #6, #11, #12, #13, #15 and #17 - #19). This was a repeat deficiency from the 4/3/08 State Licensure survey. Severity: 2 Scope: 3	D 215		
D 216 SS=F	NAC 449.141(8) Health Services 8. Clients of residential programs must undergo a tuberculin skin test that meets the requirements specified in chapter 441A of NAC. This Regulation is not met as evidenced by: Surveyor: 21044 NAC 441A.380 Admission of persons to certain medical facilities, facilities for the dependent or homes for individual residential care: Testing;	D 216		

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D 216	Continued From page 10 respiratory isolation; medical treatment; counseling and preventive treatment; documentation. (NRS 441A.120). 1. Except as otherwise provided in this section, before admitting a person to a medical facility for extended care, skilled nursing or intermediate care, the staff of the facility shall ensure that a chest radiograph of the person has been taken within 30 days preceding admission to the facility. 2. Except as otherwise provided in this section, the staff of a facility for the dependent, a home for individual residential care or a medical facility for extended care, skilled nursing or intermediate care shall: (a) Before admitting a person to the facility or home, determine if the person: (1) Has had a cough for more than 3 weeks; (2) Has a cough which is productive; (3) Has blood in his sputum; (4) Has a fever which is not associated with a cold, flu or other apparent illness; (5) Is experiencing night sweats; (6) Is experiencing unexplained weight loss; or (7) Has been in close contact with a person who has active tuberculosis. (b) Within 24 hours after a person, including a person with a history of bacillus Calmette-Guerin (BCG) vaccination, is admitted to the facility or home, ensure that the person has a tuberculosis screening test, unless there is not a person qualified to administer the test in the facility or home when the patient is admitted. If there is not a person qualified to administer the test in the facility or home when the person is admitted, the staff of the facility or home shall ensure that the test is performed within 24 hours after a qualified person arrives at the facility or home or within 5 days after the patient is admitted, whichever is sooner. (c) If the person has only completed the first step	D 216			

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D 216	<p>Continued From page 11</p> <p>of a two-step Mantoux tuberculin skin test within the 12 months preceding admission, ensure that the person has a second two-step Mantoux tuberculin skin test or other single-step tuberculosis screening test. After a person has had an initial tuberculosis screening test, the facility or home shall ensure that the person has a single tuberculosis screening test annually thereafter, unless the medical director or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>3. A person with a documented history of a positive tuberculosis screening test is exempt from skin testing and routine annual chest radiographs, but the staff of the facility or home shall ensure that the person is evaluated at least annually for the presence or absence of symptoms of tuberculosis.</p> <p>4. If the staff of the facility or home determines that a person has had a cough for more than 3 weeks and that he has one or more of the other symptoms described in paragraph (a) of subsection 2, the person may be admitted to the facility or home if the staff keeps the person in respiratory isolation in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200 until a health care provider determines whether the person has active tuberculosis. If the staff is not able to keep the person in respiratory isolation, the staff shall not admit the person until a health care provider determines that the person does not have active tuberculosis.</p>	D 216			

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D 216	<p>Continued From page 12</p> <p>5. If a test or evaluation indicates that a person has suspected or active tuberculosis, the staff of the facility or home shall not admit the person to the facility or home or, if he has already been admitted, shall not allow the person to remain in the facility or home, unless the facility or home keeps the person in respiratory isolation. The person must be kept in respiratory isolation until a health care provider determines that the person does not have active tuberculosis or certifies that, although the person has active tuberculosis, he is no longer infectious. A health care provider shall not certify that a person with active tuberculosis is not infectious unless the health care provider has obtained not less than three consecutive negative sputum AFB smears which were collected on separate days.</p> <p>6. If a test indicates that a person who has been or will be admitted to a facility or home has active tuberculosis, the staff of the facility or home shall ensure that the person is treated for the disease in accordance with the recommendations of the Centers for Disease Control and Prevention for the counseling of, and effective treatment for, a person having active tuberculosis. The recommendations are set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200. The staff of the facility or home shall ensure that counseling and preventive treatment are offered to each person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>8. The staff of the facility or home shall ensure that any action carried out pursuant to this section and the results thereof are documented in the person ' s medical record.</p>	D 216			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN10ADA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/29/2009
NAME OF PROVIDER OR SUPPLIER BRISTLECONE FAMILY RESOURCES, SAGEWIND SI1		STREET ADDRESS, CITY, STATE, ZIP CODE 1725 S MCCARRAN BLVD RENO, NV 89502		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 216	Continued From page 13 (Added to NAC by Bd. of Health, eff. 1-24-92; A 3-28-96; R084-06, 7-14-2006) Based on record review on 10/29/09, the facility did not ensure that 11 of 15 residents met the requirements of NAC 441A.380 concerning tuberculosis (Resident #1-#7, #9-#10, #13 - missing a two-step tuberculosis skin test and Resident #14 - missing a second-step tuberculosis skin test). This was a repeat deficiency from the 4/3/08 State Licensure survey. Severity: 2 Scope: 3	D 216		
D 217 SS=E	NAC 449.141(9) Health Services 9. Each facility shall maintain and have readily available first-aid supplies. Staff members shall have evidence that they have received training on the use of first-aid supplies. This Regulation is not met as evidenced by: Surveyor: 21044 Based on record review on 10/29/09, the facility did not ensure that 9 of 20 staff members had evidence of first aid training (Employee #1, #6, #11, #12, #13, #15 and #17- #19) . This was a repeat deficiency from the 4/3/08 State Licensure survey. Severity: 2 Scope: 2	D 217		
D 242 SS=C	449.144(8) Medication	D 242		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN10ADA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/29/2009
NAME OF PROVIDER OR SUPPLIER BRISTLECONE FAMILY RESOURCES, SAGEWIND SI1		STREET ADDRESS, CITY, STATE, ZIP CODE 1725 S MCCARRAN BLVD RENO, NV 89502		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 242	Continued From page 14 8. Any unused prescription medication left behind at a facility by a client must be destroyed by the administrator or his designee in the presence of a witness, and a notation indicating that the medication was destroyed must be made on the client ' s record. At the time a client is discharged or leaves the facility, medications that are currently being self-administered must be sent, in the original container, with the client or a responsible agent of the client. This Regulation is not met as evidenced by: Surveyor: 21044 Based on observation on 10/29/09, the facility did not destroy or discard multiple medications after clients were discharged. This was a repeat deficiency from the 4/3/08 State Licensure survey. Severity: 1 Scope: 3	D 242		
D 250 SS=F	NAC 449.147(6)(a-d) Dietary Services 6. A facility with more than 10 clients must: (a) Comply with all applicable provisions of chapter 446 of NRS and the regulations adopted pursuant thereto; (b) Obtain the necessary permits from the Bureau of Health Protection Services of the Health Division; (c) Maintain a report of each inspection concerning the sanitation of the facility for at least 1 year after the date of the inspection; and (d) Maintain a report of each corrective action taken to address a deficiency noted in a report described in paragraph (c) for at least 1 year after the date of the corrective action.	D 250		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN10ADA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/29/2009
NAME OF PROVIDER OR SUPPLIER BRISTLECONE FAMILY RESOURCES, SAGEWIND SI1		STREET ADDRESS, CITY, STATE, ZIP CODE 1725 S MCCARRAN BLVD RENO, NV 89502		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 250	<p>Continued From page 15</p> <p>This Regulation is not met as evidenced by: Surveyor: 21044 Based on observation on 10/29/09, the facility failed to comply with chapter 446 of NRS.</p> <p>Findings include:</p> <p>The following deficiencies were identified:</p> <ul style="list-style-type: none"> - A pink plastic cup was observed in a bucket of sugar. This was a repeat deficiency from the 8/8/09 kitchen inspection. - The laminate counter near a side exit door was damaged. This was a repeat deficiency from the 8/8/09 kitchen inspection. - A bag of potatoes was observed laying on the floor. This was a repeat deficiency from the 4/3/08 State Licensure survey. - A container of yogurt and three bottles of salad dressing were opened and not dated. This was a repeat deficiency from the 8/8/09 kitchen inspection. - The inside of the microwaves located in the kitchen and in the dining room were covered with food debris. - A resident was observed standing in the kitchen near a food preparation table without a hat or hairnet. <p>Severity: 2 Scope: 3</p>	D 250		

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